

Reservation Form CIVIL AIR PATROL September 17 – 19, 2004 FRIDAY - SUNDAY

NAME:			
ADDRESS:			
PHONE: (Work)		(Home):	
ARRIVAL DAY:	DATE	TIME:	
DEPARTURE DAY:	DATE:	TIME:	
ACCOMMODATIONS REC	QUESTED:		
SINGLEDO	UBLE	_	
NAMES OF PEOPLE IN TI	HE ROOM:		
IF CHILDREN PLEASE IN			
DEPOSIT: \$100.00 per roor DEPOSITS REFUNDABLE RESERVATIONS AND DE	UNTIL September 7, 20		
We accept Personal Checks,	Money Orders, VISA, M	IASTERCARD and AMERICAN EXPRESS	
VISA#		EXP.	
MASTERCARD#		EXP.	
AMX #		EXP.	

PLEASE SEND OR FAX COMPLETED FORM TO:
ROARING BROOK RESORT AND CONFERENCE CENTER
P.O. BOX 671
LAKE GEORGE, NY 12845
FAX # (518) 668-4019
OFFICE # (518) 668-5767

Lake George, NY 12845 • 518-668-5767